

FY22 ALTER AMENDMENT #2

Sponsor: Alter

Cosponsors: Ellis, Fuentes, Kitchen, Tovo

Strategic Outcomes: Safety, Health & Environment

Expanding Access to Medical Care in Austin

Austin's EMS and medical first responders are key to advancing the City's public safety and public health initiatives. Investing in the Office of the Chief Medical Officer, adding additional paramedic practitioners, and adding leadership roles within EMS expands access to medical care and emergency services across the city.

Phase II of the Office of the Chief Medical Officer (OCMO): the OCMO was created last year during the FY21 budget process with the intent of bringing on additional FTEs in a phased approach. FY22 investments include an additional Deputy Medical Director over Health Equity and Professional Development, as well as three coordinators who will work on system research and development, cardiovascular and cerebrovascular service lines, and trauma and cardiac arrest service lines.

Three Additional Paramedic Practitioners: As part of the OCMO, I worked over the last year to make permanent the city's first Paramedic Practitioner, and earlier this summer Council passed a resolution I sponsored expanding the Paramedic Practitioner program. Currently, the city employs one Paramedic Practitioner (a physician assistant) who responds to low acuity calls.

When a patient calls 9-1-1 with a low acuity ailment or injury, such as a wound that needs minor stitching or a child with an ear infection, the Paramedic Practitioner responds and provides medical care on site, helping patients avoid unnecessary trips to the hospital, while alleviating strain on the EMS system as a whole.

As medical professionals, Paramedic Practitioners are able to charge for their services, which provides a revenue stream to support the overall Paramedic Practitioner program once the fees are fully implemented. The addition of three more Paramedic Practitioners provides 24/7 coverage for the City.

EMS Leadership Positions: The addition of 3 EMS Division Chiefs to our ranks will redistribute the workload and improve direct oversight of personnel and emergency operations. The Chiefs will focus on key programs, including Communication, Education, Mental Health Response, and Infrastructure and Specialty Programs.

Funding source:

The ongoing investments will be funded through an increase in the transport fee for all patients, which yields approximately \$350,000, the creation of a non-resident transport fee at the cost of

service, which yields approximately \$600,000. The balance of ongoing costs will be covered this year by \$351,718 of one-time funding, and covered in future years via a change in the Charity Care program reimbursement policy due to happen this fall and the fees from the paramedic practitioners. One time investments for this amendment will come from a combination of the identified one-time funding from revised tax receipts (est. \$52,500) and contractual obligations (est. \$326,000). The total one-time funding required for this amendment is \$404,218.

Please also see ALTER BUDGET RIDER 1 regarding future staffing of EMS. This will be posted to the message board.

Transport fee calculations:

Below we share the fee calculations from the budget office for the transport fee increase which we credited for \$350,000 in revenue in our calculations. The first set of charts detail the proposed increases by type of transport and the second set of charts for private and public insurance calculate the potential revenue by using the assumed collection rate.

PAYER MIX		TOTAL BLS CALL VOLUME	PROPOSED RATE	Total Billable Amount
		31330	INCREASE 2022	CHARGES FOR FY 2022
TOTAL FFS MEDICAID	1.46%	456	\$72	\$32,858
MEDICAID MCOs	10.68%	3346	\$72	\$240,945
MEDICARE CHARGES	27.05%	8475	\$72	\$610,224
Private Insurance	16.00%	5012	\$72	\$360,873

MAP	8.01%	2509	\$72	\$180,630
Private Payer	31.00%	9711	\$72	\$699,192
TRANSIENT W CHARGES	5.81%	1820	\$72	\$131,037

ALS 1:

		TOTAL ALS 1 CALL VOLUME	PROPOSED RATE	Total Billable Amount
		29317	INCREASE 2022	CHARGES FOR FY 2022
PAYER MIX				
TOTAL FFS MEDICAID	1.46%	427	\$71	\$30,319
MEDICAID MCOs	10.68%	3131	\$71	\$222,333
MEDICARE CHARGES	27.05%	7931	\$71	\$563,085
Private Insurance	16.00%	4690	\$71	\$332,997

MAP	8.01%	2348	\$71	\$166,677
Private Payer	31.00%	9087	\$71	\$645,181
TRANSIENT W CHARGES	5.81%	1703	\$71	\$120,915

ALS 2:

PAYER MIX		TOTAL ALS 2 CALL VOLUME	PROPOSED RATE	TOTAL Billable Amount
		1107	INCREASE 2022	CHARGES FOR FY 2022
TOTAL FFS MEDICAID	1.46%	16	\$63	\$1,016
MEDICAID MCOs	10.68%	118	\$63	\$7,449
MEDICARE CHARGES	27.05%	299	\$63	\$18,866

Private Insurance	16.00%	177	\$63	\$11,157
MAP	8.01%	89	\$63	\$5,585
Private Payer	31.00%	343	\$63	\$21,617
TRANSIENT W CHARGES	5.81%	64	\$63	\$4,051

PAYER MIX	BLS	ALS 1	ALS 2	TOTAL Charges	FY 2020 Collection Rate	Potential Revenue
Private Insurance	\$360,87 3	\$332,99 7	\$11,15 7	\$705,027	44.2%	\$311,622

PAYER MIX	BLS	ALS 1	ALS 2	TOTAL Charges	FY 2020 Collection Rate	Potential Revenue
Private Payer	\$699,19 2	\$645,18 1	\$21,61 7	\$1,365,990	5.33%	\$72,807